

Footsteps Preschool

Parent/Guardian Permission to Apply

_____ Sunscreen

_____ Diaper Rash Ointment

_____ Other (List Name)

To His/ Her Child

Name of Child: _____

I give permission for the staff at Footsteps Preschool to apply the above-mentioned topical ointment that I have supplied them with.

Type of Sunscreen:

Type of Diaper Rash Cream:

Type of other topical ointment:

Footsteps Preschool is not responsible to any allergic reaction the topical ointment may cause.

Parent/Guardian Name:

Date: _____

